

CORNWALL COUNTY COUNCIL
(EDUCATION COMMITTEE)

Annual Report

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

1953

R. N. CURNOW, M.B., B.S., D.P.H.

CORNWALL COUNTY COUNCIL
(EDUCATION COMMITTEE)

Annual Report

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

1953

R. N. CURNOW, M.B., B.S., D.P.H.

INDEX

	Page
Amblyopia	29
Canteens	8
Cleanliness	30—31
Clinics:—	
Child Guidance (Report of School Psychiatrist) ...	16—22
Dental (Report on the Dental Service)	24—28
Ear, Nose and Throat	29—30
Minor Ailment	22—23
Ophthalmic	29
Orthopaedic	29
Speech (Report of Speech Therapist)	23—24
Co-operation	7
Handicapped Pupils	11—15
Hospital Special Schools	15—16
Immunisation	34
Infectious Diseases	32—34
Medical Inspections	6—7
Milk in Schools	8—9
National Survey	56
Nursing Service	34—35
Paediatric Service	56
Physical Education (Report of Organisers)	48—55
Reports by Assistant School Medical Officers	35—48
Residential Boarding Homes for maladjusted children ...	16
Sanitation in Schools	11
Staff	5
Statistics:—	
Child Guidance	17, 18, 19, 61
Dental Treatment	28, 63
Ear, Nose and Throat	61
Handicapped Pupils	12—15, 64
Infestation with Vermin	30—31, 59
Medical Inspections	57—59
Milk	8—9
Minor Ailment	22—23, 62
Ophthalmic	60
Orthopaedic	61
Skin Diseases	60
Speech Therapy	24, 62
Strabismus	29
Tuberculosis	32—34
Water Supplies in Schools	9—10

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1953

Health Department,
County Hall,
Truro.
February, 1954.

To the Chairman and Members of the
Education Committee of the Cornwall
County Council:

Mr. Chairman, Ladies and Gentlemen:

I have the honour to present a report dealing with the School Health Service for the year 1953.

The relationship between the staff of the School Health Section and that of the Education Department is necessarily very close, and I feel it only right in commencing this letter to place on record my appreciation of the very friendly and understanding co-operation which we have enjoyed with the Secretary for Education and his staff.

For some long time attempts have been made to bring the School Medical Officers into closer touch with the Children's Departments of Hospitals, and last year I was able to report the first successful move in that direction with the appointment of Dr. Jolly as Consulting Paediatrician for the Plymouth Clinical Area. Now at the time of going to press a very good arrangement in the West Cornwall Hospital Management Committee area is coming to fruition, whereby the School Medical Officers are being given honorary appointments as Clinical Assistants in General Medicine and Children's Diseases to the various larger Hospitals in that area. This will enable them to do regular ward rounds with the Medical Specialists, and keep abreast of the rapid progress being made in the diagnosis and treatment of children's diseases. The Regional Hospital Board, its Principal Medical Officer, Dr. Kelly, and the Consultants in Cornwall have been most helpful in bringing this desirable arrangement into being. .

Another step of major importance to the health of the children, and indeed of the whole of the people of Cornwall, was taken when B.C.G. vaccination against Tuberculosis was made available for the first time to school leavers in two of the seven Health Areas of the County. This method of vaccination, given to children who are susceptible to Tuberculosis, gives them a measure of protection against the

disease without the risks of acquiring an uncertain immunity by the haphazard methods of drinking tuberculous milk or coming into contact with tuberculous persons. The parents in the areas concerned have appreciated the value of this form of vaccination to such an extent that well over 70% of those offered vaccination of their children have accepted it. At the present time, arrangements are being made with the permission of the Ministry of Health to offer this form of vaccination to all susceptible school leavers in the County. We are expecting that in the years to come the incidence of tuberculosis in the whole population of the County will fall very substantially as these vaccinated children grow up.

At the end of the year, Mr. Kevern Batten, who had been Chief Dental Officer in Cornwall for some years, retired on reaching the age limit. It was his bad fortune to be harrassed throughout his period of office by the difficulty in recruiting an adequate staff to run the Service properly, but Mr. Batten has left his mark on the Dental Service in Cornwall by devising and carrying into operation the scheme for Dental Clinics and the County Dental Laboratory.

There is one other matter to which I think I should draw attention. The incidence of infestation in the heads of school children in Cornwall is certainly far lower than the average for the country as a whole. Nevertheless, it seems an amazing thing in these days when the treatment of this condition is so simple and effective, that any infestation should remain. The explanation, of course, is that the children, when cleansed, become re-infested from other members of the family in their own homes. A closer method of working with District Councils in this matter has been instituted, in order that the parents as well as the children who are persistently infested may be adequately inspected and treated. This arrangement is already producing good results, and I draw attention to the section on cleanliness which deals with this co-operation in greater detail.

Many have had a share in bringing about the progress recorded in the following pages. The children of the County owe much to Dr. Elliott for the inspiration which has enabled the progress to be so substantial, and yet nothing could have been done without the understanding support which we have continued to enjoy from the Chairman and Members of the Education Committee, the Teachers and the various Voluntary Bodies associated with the School Health Service.

I am,

Your Obedient Servant,

R. N. CURNOW,
Principal School Medical Officer.

STAFF

Principal School Medical Officer:

R. N. CURNOW, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer:

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

Senior School Medical Officer:

C. C. ELLIOTT, D.S.C., V.R.D., M.D.

School Psychiatrist:

D. JACKSON, M.A., M.B., Ch.B., D.P.M.

School Medical Officers:

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.

MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.

C. L. KNIGHT, M.R.C.S., L.R.C.P., D.P.H.

(commenced 30.3.53).

JEAN D. MCKELLAR, M.B., B.S. (resigned 30.11.53).

JEAN D. MCMILLAN, B.Sc., M.B., Ch.B.

*W. H. P. MINTO, M.B., Ch.B., D.P.H.

*J. REED, M.B., Ch.B., B.Sc., D.P.H.

B. ROBERTS, M.R.C.S., L.R.C.P.

WINIFRED M. RYAN, M.R.C.S., L.R.C.P.

*Also Assistant County Medical Officer.

Chief Dental Officer:

K. BATTEN, L.D.S. (resigned 30.11.53).

Dental Officers:

R. J. R. BAKER, L.D.S.

K. BATTEN, L.D.S. (part-time from 1.12.53).

P. S. R. CONRON, L.D.S.

H. J. EAGLESON, L.D.S.

P. W. EDDY, L.D.S. (died 16.4.53).

W. H. ELLAM, B.D.S.

G. C. HODGSON, L.D.S.

D. A. PATTERSON, L.D.S.

F. R. TAYLOR, L.D.S.

E. R. TRYTHALL, L.D.S. (part-time to 30.4.53; full-time from 1.5.53).

Speech Therapist:

MISS G. O. FELL, L.C.S.T. (commenced 1.9.53).

Educational Psychologist:

J. E. COLLINS, B.A., DIP. ED. PSYCH., A.B.Ps.S.

Social Worker:

MISS B. ROGERS, Social Science Diploma.

STATISTICS

Population 1953 (approximate)	...	...	...	343,000
School Population	...	...	...	45,163

Number of Schools:—

Nursery	...	...	1 with	40 pupils
Primary	...	...	321 with	33,555 pupils

Secondary:

Grammar	...	...	21 with	5,470 pupils
Modern	...	...	24 with	5,504 pupils

Special	1 with	63 pupils
---------	-----	-----	--------	-----------

Technical and Art	...	6 with	531 full-time pupils
-------------------	-----	--------	----------------------

1,480 pupils attend the Technical and Art Schools part-time.

MEDICAL INSPECTIONS

Full Routine Medical Inspections were carried out in all the schools during the year, and all schools were also visited again at least once during the latter part of the year.

The general health of the children was found to be very good indeed with very few exceptions.

The following table shows the age groups in which children are inspected:—

GROUP	AGE WHEN INSPECTED	SCHOOLS CONCERNED
Routine Inspections		
First Age Group	Normally 5—6 years	Primary
Second Age Group	Between 9+ & 10+ years	Primary
Third Age Group	During last year of attendance at school	Primary or Secondary
Additional Inspections		
Vision Test	8 years	Primary
Entrants to Secondary Schools	11—12 years	Secondary

The School Health Service and Handicapped Pupils Regulations 1953 altered the previous regulations which stipulated that children should be inspected in three definite age groups. It is now left to the Authority to arrange the medical inspection of every child attending a maintained school "on not less than three occasions at appropriate intervals during the period of his compulsory school age." In Cornwall it is not proposed for the moment at any rate to alter the five examinations given in the table above. It should be pointed out however, that the examination of the second age group has been brought forward to ensure that all children are seen before leaving the primary schools and also to widen the gap between this examination and the one on entering secondary schools.

The number of routine and additional medical inspections made during the year was 19,791. The number of special inspections was 8,322. It will be evident from these figures that more than half of the school population was seen by the School Medical Officers during the year.

CO-OPERATION

The continued excellent co-operation of the Head Teachers is a source of great satisfaction as their attitude towards the work of the School Health Service is so very important. Thanks are especially due to those Head Teachers who have taken such excellent care of those Handicapped Children who have remained at their schools. These children cause extra work and require special consideration, but it is certain that this extra care is well worth while for it enables the children to receive adequate education while remaining in the care of their parents.

Almost all the Hospitals in the County go to great trouble to send reports on school children discharged from hospital and also to provide information where necessary, on children attending out-patient clinics. This information is essential if the School Doctors are to carry out their work efficiently; the confidential nature of the information is strictly respected. It is unfortunate that in spite of repeated requests, this information is not forthcoming from the Plymouth General Hospitals.

The very close co-operation between the School Health Service and the Mental Health staff has proved of great value in dealing with borderline cases and in many other ways.

CANTEENS

The number of canteens and serveries increased from 251 to 259 during the year, providing 20,659 mid-day meals per day. The number of school departments served by these canteens is 319; only 47 departments have neither canteen nor servery.

The standard of cooking and cleanliness in these canteens on the whole remains excellent.

Good co-operation exists between the School Health Service and the School Meals Service as both departments are interested in the maintenance of good hygiene in the school canteens.

The arrangements for the medical supervision of the canteen staff and the canteens, mentioned in the Annual Report for 1952, have worked smoothly and it is hoped that defects which have been reported will be rectified as soon as conditions allow. The chief defect reported is the lack of separate washbasins and sanitary facilities for the canteen staff.

MILK IN SCHOOLS

The effort to obtain supplies of Pasteurized or Tuberculin Tested Milk, preferably in one-third pint bottles, to all schools has been continued throughout the year. It is gratifying to note that only four schools in the County or less than 1% are receiving ungraded milk; 93.5% are receiving Pasteurized Milk and 5.4% Tuberculin Tested Milk.

The following Table shows the position at the end of the year:—

Grade of Milk				Bottled	Bulk	Total
Pasteurized	...	...		341	4	345
Tuberculin Tested	...	...		13	7	20
Ungraded	...	...		—	4	4
				—	—	—
No. of Schools	...	...		354	15	369
				—	—	—

It is with some satisfaction that I am able to report that 354 schools are now receiving milk in one-third pint bottles and only 15 schools receiving bulk milk which has to be served in beakers. The number of children taking milk during the Winter Term was 29,478.

Most of the bottled milk is supplied in bottles with metal caps overlapping the lip of the bottle, the majority of suppliers having discarded the cardboard disc in favour of the more hygienic metal cap.

The 4 schools still receiving Ungraded Milk are situated in outlying areas and it has not been possible to get delivery of Pasteurized or Tuberculin Tested Milk in bottles to these schools owing to transport difficulties. Eighteen samples of this Ungraded Milk have been submitted for biological examination and the results have proved all samples to be free of tuberculosis.

The supervision of the milk in schools scheme has been continued throughout the year by the County Sanitary Officer and 272 samples have been taken and submitted for examination with the following results:—

Grade of Milk			Satisfactory	Unsatisfactory	Total
Pasteurized	...	...	216	11	227
Tuberculin Tested	...	...	22	5	27
Ungraded	...	...	17	1	18
			—	—	—
All grades	...	...	255	17	272
			—	—	—

Of the 11 samples of Pasteurized Milk that failed to pass the necessary tests, 3 failed on Methylene Blue (keeping quality) 5 on the Phosphatase Test (improperly pasteurized) and 3 on both tests.

Most of the unsatisfactory samples were taken from schools where the supplier obtains the milk in bulk and either delivers it to the school in bulk or bottles it on his own premises.

All unsatisfactory samples are investigated. In the case of Tuberculin Tested Milk the County Milk Production Officer of the Ministry of Agriculture & Fisheries is notified and asked to investigate conditions at the farm and methods of production. Other cases are investigated by the County Sanitary Officer.

During the year, 262 samples of school milk were taken by the County Sanitary Officer and passed to the Chief Inspector of Food & Drugs for analysis. Of these samples 260 were found to be genuine and 2 slightly deficient in fat. No action was considered to be necessary.

WATER SUPPLIES IN SCHOOLS.

The water supplies at schools not being supplied from public mains has continued to receive the attention of the County Sanitary Officer throughout the year.

Where samples have proved unsatisfactory other sources have, in some cases, been sampled and tested with a view to finding an alternative satisfactory source of supply.

During the year, 172 samples have been taken from 133 schools and canteens. Of these 123 were satisfactory and 49 unsatisfactory or doubtful. These unsatisfactory samples were taken from 28 schools or canteens.

These results show some improvement in the past 4 years as shown in the following Table:—

Year			Satisfactory	Unsatisfactory	Total
1953	...	...	133	49	172
1952	...	...	105	70	175
1951	...	...	133	55	188
1950	...	...	95	66	161

The metafilter installed at one school has continued to give satisfactory results.

The results of the examination of all samples are furnished to local Medical Officers of Health and the Secretary for Education is notified of unsatisfactory samples.

Schemes of water supply submitted to the County Council in accordance with the Rural Water Supplies & Sewerage Act, 1944, are brought to the notice of the Education and Architect's Departments with a view to schools being connected to main supplies where this is practicable.

As a result of representations made, the following works or precautions have been or are being carried out:—

Connected to mains	...	...	...	10
Proposed to be connected to mains	...	...	...	22
Mains extended to washbasins, etc.	...	...	...	7
Alternative sources of supply being sought	...	...	...	8
Wells repaired structurally	...	...	...	2
Pumps replaced	...	...	...	3
Pumps repaired	...	...	...	10
Collecting chambers cleaned	...	...	...	9
Defective drains made good	...	...	...	11
Lead pipes replaced by more suitable pipes	...	...	...
(Lead in water)	...	...	...	2
Sinking of new wells under consideration	...	...	...	1

SANITATION IN SCHOOLS

The Secretary for Education has kindly provided the following information:—

“ The whole of the sanitation programme for 1952—53 was satisfactorily completed and of the following programme for 1953—54 several of the improvements have been completed and work on the rest will start before 31st March, 1954.

School		Improvement
St. Day C.P.	...	From bucket system to w.c.'s
Roskear C.P. Girls' & Infants'	...	From troughs to individual w.c.'s
Truro, St. Mary's Controlled	...	From troughs to individual w.c.'s
St. Wenn C. P.	...	New drains, septic tank, etc.
Lanjeth C.P.	...	From bucket system to w.c.'s
Carclaze Infants'	...	From automatic system to individual flushing and extensions
Mevagissey C.P.	...	From hopper type to individual flushing
St. Austell Girls' Grammar		Extension
Mt. Charles Infants'	...	Extension
Penwartha C.P.	...	From bucket system to individual w.c.'s and a septic tank
Blisland C.P.	...	From troughs to individual flushing to septic tank
Tregoney C.P.	...	From Elsans to w.c.'s, connection to new water main and construction of septic tank.

For 1954—55 the County Architect has been supplied with a list of schools on which he has been asked to comment and to give an estimate of the cost where he finds the suggested conversion or improvement practicable. The sum of money available to the Education Committee for this work is limited and the greatest care is necessary to ensure that it is used to the best advantage.”

HANDICAPPED PUPILS.

The School Health Service and Handicapped Pupils Regulations 1953 made minor alterations in the definitions of Handicapped Children including the placing of the “ Diabetic ” in the “ Delicate ” category.

The number of children who were in Special Schools catering for their specific defect in December 1953, and the number of pupils who were awaiting places in such schools in December 1953 are given below. In certain categories the numbers receiving special educational treatment in ordinary schools at the end of the year are also shown.

(1) Blind Pupils

Number of these pupils in a special school ...	13
Number awaiting a vacancy in a special school	1

(2) Partially Sighted Pupils

Number of these pupils in a special school ...	7
Number awaiting a vacancy in a special school	0
Number receiving Special Educational Treatment in an ordinary school	5

(3) Deaf Pupils

Number of these pupils in a special school ...	25
Number awaiting a vacancy in a special school	8

(4) Partially Deaf Pupils

Number of these pupils in a special school ...	4
Number awaiting a vacancy in a special school	1
Number receiving Special Educational Treatment in an ordinary school	13

(5) Delicate Pupils

Number of these pupils in a special school ...	4
Number awaiting a vacancy in a special school	5
Number receiving Special Educational Treatment in an ordinary school	25

(6) Educationally Sub-normal Pupils

Number of these pupils in a special school ...	89
Number awaiting a vacancy in a special school	91
Number recommended for Special Educational Treatment in an ordinary school ...	182

(7) Epileptic Pupils

Number of these pupils in a special school ...	2
Number awaiting a vacancy in a special school	2

(8) Maladjusted Pupils

Number of these pupils in a special school ...	4
Number awaiting a vacancy in a special school	2
Number receiving special treatment and attending an ordinary school	109

(9) Physically Handicapped Pupils

Number of these pupils in a special school ...	8
Number awaiting a vacancy in a special school	11

(10) Pupils suffering from Speech Defect

Number of these pupils in a special school ...	0
Number awaiting a vacancy in a special school	0
Number receiving special treatment and attending an ordinary school	133

It is generally agreed that the best place for any child is at home with his parents. It could also be said that a Handicapped child requires the security of the family as much as, or more than, the normal child. When a handicapped child leaves school he has to mix with the outside world and make his own way in life and it would appear that every case should be considered with this in view. Only in those cases where harm may come to the child or other children in the school, should the question of sending a child to a special boarding school be considered. This policy does make some extra work for the teaching staff, but in practice it is found that when the teachers realise how much they are doing for the child, they willingly accept the extra trouble involved.

Home Tuition

Certain children, including a number awaiting vacancies in Special Schools, are not able to attend an ordinary school and are recommended for Home Tuition. This most valuable service to the home bound handicapped child has given opportunities to many children which would not have been possible in any other way. For many reasons every care has to be taken in selecting children for Home Tuition and consideration has first to be given to all the other facilities available for the education of handicapped children. At the end of the year, 25 children were receiving Home Tuition.

Children Notified to the Mental Health Sub-Committee

Number of children notified in 1953 to the Mental Health Sub-Committee as ineducable and therefore excluded from school (Education Act, 1944, Sect. 57 (3)) ...	17
--	----

Number of children notified in 1953 to the Mental Health Sub-Committee as being inexpedient that they should be educated in association with other children (Education Act, 1944, Sect. 57 (4))	0
---	---

Number of children notified in 1953 to the Mental Health
Sub-Committee as requiring supervision on leaving
school, or special school (Education Act, 1944, Sect.
57 (5)) 23

**Numbers of Children in Special Schools during all
or some part of 1953**

			During year	*Left
Educationally Sub-normal				
Clyffe House School, Dorchester	...	...	2	—
Courtenay School, Starcross	...	...	5	5
			(school closed)	
Farney Close School, Dorset	...	...	1	—
Allerton Priory School, Liverpool		...	1	—
St. Francis, Monyhull, Birmingham		...	1	1
Royal Eastern Counties School, Colchester	...	...	1	1
Great Stony School, Chipping Ongar		...	4	—
Kingsmead School, Hereford	...	...	1	—
Pencalenick School, Truro	—	Resident	...	51
		Day	...	16
				1
Blind and Partially Sighted				
Royal Normal College, Shrewsbury		...	3	1
Chorleywood College	...	...	...	2
Royal School for the Blind, Bristol		...	7	1
Sunshine Home Nursery School, Leamington				
Spa	...	...	...	1
West of England School for the Partially				
Sighted, Exeter	...	...	7	2
Exhall Grange, Coventry		...	...	1
Worcester College	...	...	...	1
Court Grange Sunshine Home, Newton Abbot			1	—
Deaf and Partially Deaf				
Royal School for the Deaf, Margate		...	2	—
Royal West of England Residential School,				
Exeter	...	...	...	19
The Mount School, Stoke on Trent		...	4	—
Lawns House School, Leeds	...	...	4	—
Hartley House Day School, Plymouth		...	1	—
Delicate				
St. Catherine's Home, Ventnor, I.O.W.	...	...	1	—
Children's Convalescent Home, W. Kirby	...	...	2	2
Oak Bank Open Air School, Kent	...	...	3	3
Staplefield Place School, Sussex	...	...	1	—

			During year	*Left
Physically Handicapped				
St. Loyes College, Exeter	...	...	4	2
Dame Hannah Rogers School, Ivybridge	...	...	3	1
Exhall Grange School, Coventry	...	...	3	2
Heritage Craft School, Chailey	...	...	1	1
Whiteness Manor, Kingsgate	...	...	1	—
Queen Elizabeth's Training College, Leatherhead	...	...	1	—
Maladjusted				
Caldecott Community, Kent	...	...	1	—
Crownwell Hostel, Shaldon, Devon	—	now		
moved to The Gables, Cullompton	...	...	2	—
Sutcliffe School, Wiltshire	...	...	2	1
Salesian School, Gloucestershire	...	...	1	—
St. Michael's Home, Ditchingham	...	...	1	1
Epileptic				
Chalfont Colony, Bucks.	...	...	1	1
Lingfield Colony, Surrey	...	...	1	1
E.S.N. and Maladjusted				
Withycombe House, Exmouth	...	...	4	—
E.S.N. and Physically Handicapped				
St. Christopher's School, Bristol	...	...	1	—
E.S.N. and Epileptic				
Sheiling Curative Schools, Thornbury, Bristol	...	...	1	—
E.S.N. and Blind or Partially Sighted				
Condover Hall, Shrewsbury	...	...	2	2

*This column includes children who have left school either because of age or by reason of having sufficiently improved to be able to attend an ordinary school; also those cases in respect of whom responsibility has been transferred to some other Local Education Authority or to the Ministry of Labour.

HOSPITAL SPECIAL SCHOOLS

Number of children who have received tuition during the year at Hospital Special Schools maintained by this Authority:—

At Tehidy Sanatorium	...	...	...	23
At the Royal Cornwall Infirmary	...	...	...	83

Number of children who have received tuition during the year at Hospital Special Schools not maintained by this Authority, but for whom financial responsibility has been accepted for their education:—

Frenchay Park Hospital Special School	...	...	6
Guy's Hospital Special School	...	...	3
Lee Mill Hospital Special School	...	...	1
Marlborough Children's Convalescent Hospital Special School	...	...	1
Robert Jones and Agnes Hunt Orthopaedic Hospital Special School	...	...	1
Winford Orthopaedic Hospital Special School	...	...	1
Princess Elizabeth Orthopaedic Hospital School	...	...	1

RESIDENTIAL BOARDING HOMES FOR MALADJUSTED PUPILS

Trevenson Home, Camborne

This Home admits maladjusted boys of all ages and will accommodate 22. The maximum and minimum numbers in the home during the year were 21 and 17 respectively.

Pencubitt Home, Liskeard

The staffing difficulties mentioned in last year's report continued in 1953 and for that reason this home had to be closed officially on 3rd June 1953.

CHILD GUIDANCE CLINICS

The following is a list of these clinics:—

Clinic	Address	Frequency
Camborne	Community Centre	weekly
Falmouth	Health Clinic	2 a month
Hayle	Health Clinic	weekly
Launceston	Health Clinic	as required
Liskeard	Health Clinic	as required
Penzance	Health Clinic	2 a month
St. Austell	Health Clinic	weekly
Truro	County Hall	as required
Wadebridge	Health Clinic	as required.

As it is impossible for our own Child Guidance Team to cover the whole county, children from the South East part of the county attend the Child Guidance Clinic in Plymouth. Thanks are due to the Plymouth Authority for their co-operation in this matter and for the excellent work they have done.

Dr. D. Jackson the School Psychiatrist reports as follows:—

“ The appointment of a Psychologist in late 1952 completed the Child Guidance Unit and rendered possible changes in organisation, in diagnosis and treatment, and considerably enlarged the scope of the work done.

Sessions are held by the Psychiatrist in conjunction with the Social Worker at the Health Centre, Bodriggy, Hayle, the Community Centre, Camborne, and the New Health Centre, Moorland Road, St. Austell, on Mondays, Wednesdays and Thursdays of each week. The Psychologist interviews cases at various Clinics, in homes and in Schools throughout the county, by arrangement.

At all times the work of the Unit is integrated. It may however be stated that the work of the Psychiatrist and Social Worker at the aforementioned Clinics is predominantly therapeutic, while the work of the Psychologist is predominantly diagnostic but therapeutic also in cases which are exclusively educational.

Statistics of Numbers of Cases

Number of cases seen during 1953	...	...	...	346
Number of new cases referred	...	...	...	190
Number of cases brought forward	...	...	...	156

Sources from which Cases were referred

School Health Service	...	...	...	...	158
Probation Officers	...	...	...	...	47
Teachers	...	...	...	...	32
Children's Department	...	...	...	...	32
Family Doctors	...	...	...	...	30
Education Department	...	...	...	...	16
Parents	...	...	...	...	16
Hospitals	...	...	...	...	11
Speech Therapist	...	...	...	...	4

Conditions for which advice was sought

Personality and Behaviour Disorders	...	...	...	146
(e.g. Temper, Jealousy and Fear responses; Lying, Stealing and Sexual activity; Truancy; Neurotic conditions)				
Educational and Vocational Difficulties	...	...	...	72
Disorders Manifesting in Dysfunction of Organs	...	...	...	65
(e.g. Feeding difficulties; Wetting and Soiling; Asthma; Tics; Migraine)				
Special Examinations	...	...	...	63
(e.g. Reports for Court; Assessment of Intelligence etc.)				

109 of these cases are still under treatment or observation and on 31st December, 1953, there were 28 cases on the waiting-list.

It will be observed that the number of new cases referred in 1953 was 190. A comparison with the figures for 1951 and 1952, which were 104 and 130, is evidence of a still growing demand for Child Guidance.

During 1953 the Psychologist gave talks to Parent-Teacher Associations at Truro, Perranporth, St. Eval, Cubert and Camborne, and to a Meeting of the National Union of Teachers' Association at Falmouth.

A Record System has also been developed which will furnish significant statistical data relating to the cases investigated. The result for 1953 is as follows:—

Sex of Referrals

Male 240

Female 106

Ages of Children

Under 5 years	...	...	...	...	...	...	13
5 to 7 years	...	...	...	...	...	...	64
8 to 11 years	...	...	...	...	...	...	130
12 to 15 years	...	...	...	...	...	...	109
Over 15 years	...	...	...	...	...	...	30

Intelligence

Feeble-minded and Educationally Sub-normal	...	...	...	...	...	...	62
Borderline	...	...	...	...	...	...	27
Dull	...	...	...	...	...	...	65
Normal	...	...	...	...	...	...	166
Superior	...	...	...	...	...	...	26

Environmental Conditions

Material Conditions in the Home inadequate	...	...	...	...	...	...	18
Conditions of Strain present	...	...	...	...	...	...	128
(with adequate material conditions)							
Broken Homes:—							
Adoptive Parents	...	...	...	...	...	...	11
Foster Parents	...	...	...	...	...	...	14
One Parent only at Home	...	...	...	...	...	...	46
Children's Homes	...	...	...	...	...	...	36
Normal	...	...	...	...	...	...	93

It will be observed:—

- (a) that approximately 70% of cases referred are boys.
- (b) that 77% are 8 years old or over.
- (c) normal environmental conditions obtained in only 27% of cases and that conditions of stress or disruption of the home were present in the vast majority.

The data on age of referrals is important. Since response to psychological treatment becomes progressively poorer beyond the years of childhood during which the mental development of children is most rapid and they are most susceptible to environmental influences, the identification of disturbance in early childhood is a major condition of effective therapy. In 1954, the Educational Psychologist will with this end in view closely co-operate with the Infant Departments and Infant and Junior Schools.

Response of Cases to Treatment

In past reports, citations of typical cases have illustrated the variety of problems presenting for treatment and the nature of response to treatment. As records accumulate in the future it will be possible to give an account of responses in an objective and statistical manner.

It will be understood that this is a development not possible without a complete Child Guidance Team, and that before classifying discharges, strict criteria of "recovered" and "improved" cases must be established empirically and checked by follow-up data. An example from the year's work follows:—

Improvement in Reading

Last July a follow-up of 48 cases was made by the re-administration of a Reading Test. The Schonell Graded Word Reading Test was used after an average interval of 4 months, with 38 boys and 10 girls the majority of whom were about average in intelligence and at the end of the Junior School stage (11 years). The children were referred chiefly for developmental and emotional problems but backwardness in school work was a frequent concomitant.

The improvement shown by the Reading Tests was double the normal progress of school children, being 9.5 months of Reading Age in the 4 months' period. The average score for the group improved from 9 years 6 months to 10 years 3.5 months. Only 9 children gained less than might be expected from the passing of time (4 months) and of those making gains it is noteworthy that 18 made a spurt in Reading of 1 year 4 months or more.

The educational effects of Child Guidance are important to the mental health of school children, for prolonged school failure almost invariably means unhappiness and discouragement for the child and, since parents also are dissatisfied, educational retardation can in many cases cause a deterioration of parent-child relationships. Children who fail at school often retreat from the school situation by developing neurotic manifestations of ill health, truancy and delinquency.

Illustrative Case Studies

Tom, an adopted boy aged 9 years had a history of failure to learn, inability to concentrate and nervousness at school. He trembled noticeably immediately he found his work difficult, and as after 3½ years of teaching he did not even know the letters of the alphabet he was regarded as mentally backward.

Psychological examination showed him to be average in intelligence (I.Q. 113), but unsettled emotionally. There was an ominous element of fear in his phantasy life. Although in the hands of an understanding and kindly teacher, he thought of school as "Where you've been a very bad boy and had the cane!" Advice on methods was given to both school and home.

Three months after examination Reading was established on the simple phonic level, and now, twelve months afterwards he is progressing steadily. Equally important is the improvement in his attitudes to school, and to his class-mates.

Desmond, aged 12 was referred as a possible candidate for Pencalenick. He was already classified as educationally sub-normal. Examination showed him to be worried by inability to learn, and a lonely child who spent most of his spare time at home drawing, or if he played, chose younger children, because they did not subject him to so much competition as others of his age.

Although his Arithmetic Age was 7 years 2 months he was utterly illiterate. Psychological examination showed that although he was dull (I.Q. 89), a broken home, absence of father during war years and solitary development as an only child were his chief handicaps.

Advice, followed by careful work on the part of his Teachers has been so successful that by the end of the year his Reading progress is very satisfactory, and he takes pride in Reading to visitors in a clear and distinct manner.

Joan, aged 10, although good at Number, Drawing and Handicrafts, was referred as a poor Reader. At school she was noted as a "very quiet and reserved child, possibly unduly timid."

A home visit revealed that poor school attendance during the Infant Stage had led to a failure to learn which was becoming fixated by frustration. Owing to the difficulty of large classes little could be attempted by the school in addition to normal teaching, so that mother was guided to help Joan at home.

In 5 months she has gained 11 months of Reading Age, and although still considerably retarded has made sufficient progress to join intelligently in the class Reading groups. Again in her case, the maturation of the ability to compete in school work with at least some children of her own age, is resulting in improved social behaviour.

Notes on Pencalenick Special School

The Educational Psychologist in conjunction with the Headmaster has tested and interviewed 58 of the children attending this School at the 31st December, 1953. In this way knowledge has been gained which will be helpful in the working out of curricula and the selection of future pupils.

The majority of the children are between 12 and 14 years of age. Their mentality is so restricted that they would progress in a normal School with the greatest of difficulty, in fact 44 of them would probably make only the slightest progress. At the Special School, 13 of the children have reached a good standard of literacy, 16 are establishing themselves and 25 are making a beginning at Reading. There were only 4 Non-Readers at the time of testing, which reflects with credit on the efforts of the Staff, particularly when the environmental handicaps affecting the children are also noted.

Of the 58 children, 32 come from homes that are regarded as "very poor" by the Staff of the School. This accounts to a great extent for the retarded social development of the children when they first entered Pencalenick. The chief value of the Special School for equipping these handicapped children to make something of life, lies in improving their social capacities.

Tests with the Vineland Social Maturity Scale, a Scale for assessing the manner in which a child can attend to his everyday personal and social needs, show that at that time 10 children were socially inadequate (below Social Quotient 55), 23 children were barely socially adequate (below Social Quotient 65), 22 were at a borderline stage and only 3 possess sufficient social capacity for reasonable adjustment in the everyday world. During the forthcoming year we shall watch social maturity very carefully and endeavour by practical tasks to improve this aspect of the backward child's personality, for by this means the value of Special Schooling is best expressed.

Trevenson Boarding Home for Maladjusted Boys

During the year the Child Guidance Team have intensified co-operation with this Home. The Social Worker has made home visits in the cases of Cornish children, regular reports have been sent to other Authorities with respect to out-county children, and the school progress and problems of all the children have been discussed with their Head Teachers."

MINOR AILMENT CLINICS

The following is a list of these clinics at the end of 1953:—

Clinic	Address	Frequency
Calstock	Delaware Secondary Modern School	2 a week
Falmouth	Health Clinic	Daily
Hayle	Health Clinic	2 a week
Mousehole	Mousehole C.P. School	1 a week
Penryn	Stuart Stephen Memorial Hall	3 a week
Penzance	Health Clinic	3 a week
St. Just	Cape Cornwall C.P. School	2 a week
Torpoint	Health Clinic	1 a week
Truro	Health Clinic	Daily
Wadebridge	Health Area Office	2 a week

Summary of work done at the clinics during the year:—

Clinic	No. of individual children seen	No. of attendances made during year
Calstock ...	51	130
Camborne ...	0	0 (closed 17/2/53)
Falmouth ...	92	223
Hayle ...	5	13 (re-opened 27/4/53)
Mousehole ...	8	8
Penryn ...	339	755
Penzance ...	121	540
Redruth ...	0	0 (closed 17/2/53)
St. Austell ...	0	0 (closed 17/2/53)
St. Ives ...	2	2 (closed 25/12/53)
St. Just ...	7	8
Torpoint ...	0	0
Truro ...	62	131
Wadebridge ...	26	124
	<hr/> 713	<hr/> 1,934

Number of sessions held during the year	...	...	...	671
Types of new cases seen:—				
Ringworm—Scalp	...	...	...	0
Body	...	...	...	3
Scabies	...	...	...	2
Impetigo	...	...	...	24
Other skin diseases	...	...	...	2
Minor Eye Condition	...	...	...	28
Minor Ear Condition	...	...	...	16
Miscellaneous—Minor injuries, bruises, sores chilblains, etc.	...	...	...	563
				638
Number of children cleansed	...	...	...	75

The number attending Minor Ailment Clinics generally is gradually falling, but in some clinics the number has fallen as low as one or two cases during the whole term, and for this reason only, 4 clinics were closed during the year.

SPEECH CLINICS

It was mentioned in last year's report that two Speech Therapists were essential to give adequate treatment to the children in all parts of the county. The County Council in 1953 approved the appointment of two Speech Therapists and one took up her duties in East Cornwall on 1st September 1953. It is hoped that the second Speech Therapist will commence duties early in 1954.

The following is a list of the clinics now available:—

Clinic	Address	Frequency
Bodmin	Centenary Church Schoolroom	weekly
Bude	The Castle Clinic	weekly
Launceston	Health Clinic	weekly
Liskeard	Health Clinic	weekly
St. Austell	Health Clinic	weekly
Wadebridge	Health Clinic	weekly

Miss G. O. Fell the Speech Therapist for East Cornwall reports as follows:—

“Patients attend speech clinics weekly and in most cases attendance is regular. This frequency is most conducive to satisfactory response to treatment and the help of parents and school teachers in allowing this is much appreciated.

Normally patients are seen individually and as a general rule best results can be achieved in this way. Group treatments have been introduced however, not only to deal with numbers, but primarily because whenever the number of suitable cases allows, there is considerable progress to be maintained by the spirit of co-operation thus stimulated."

Record of numbers of cases treated

Number of children receiving treatment at the end	
of the year	98
Number of children discharged during the year	35
Of those discharged:—	
Speech normal or improved	23
Other reasons—lack of attendance, etc.	12
Number of attendances by cases during the year	783

Types of Speech Defects and Disorders being dealt with at the end of the year

Stammer	32
Defects of articulation—e.g., Dyslalia	52
Multiple defects—e.g., Cleft Palate	5
Other cases	9
	<hr/>
	98
	<hr/>

DENTAL CLINICS

The following is a list of these clinics—:

Clinic	Address	Frequency
Bodmin	The Priory	2 days a week
Bude	The Castle	1 day a week
Callington	Pannier Market	1 day a week
Camelford	The Women's Institute	$\frac{1}{2}$ day a week
Camborne	Community Centre	$2\frac{1}{2}$ days a week
Delabole	Liberal Rooms	$\frac{1}{2}$ day a week
Falmouth	Health Clinic	Daily except Wednesdays
Hayle	Health Clinic	1 day a week
Helston	Meneage House	1 day a week
Launceston	Health Area Office	3 days a week
Liskeard	Health Area Office	3 days a week
Looe	R.A.O.B. Hall, Lakeside	$\frac{1}{2}$ day a week
Newquay	15, Berry Road	$1\frac{1}{2}$ days a week
Penryn	Municipal Offices	1 day a week

Clinic	Address	Frequency
Penzance	Health Area Office	Daily
Redruth	Health Area Office	2 days a week
St. Austell	Moorland Road	3 days a week
Saltash	The Fire Station	2 days a week
Torpoint	Macey Street	2 days a week
Truro	St. George's Road	Daily except Tuesdays
Wadebridge	Health Area Office	2 days a week

The following is a report on the Dental Service:—

“The staff of the Service throughout the year has been equivalent to 1 Chief Dental Officer, 8 Assistant Dental Officers, 9 $\frac{2}{3}$ Dental attendants, 1 Dental Technician, 2 Dental Apprentices and 1 Clerk.

During the year we unfortunately lost the services of Mr. P. W. Eddy who died on 16th April, leaving a vacancy for an assistant Dental Officer in the St. Austell area.

Mr. E. R. Trythall, who held a part-time appointment with the Service, was appointed in a whole-time capacity on the 1st May in the Saltash—Torpoint—Callington area.

The Chief Dental Officer, Mr. K. Batten, resigned on the 30th November, but offered to work part-time in the St. Austell area until the staffing position improves.

The authorised establishment for the Service is 1 Chief Dental Officer and 11 Assistant Dental Officers. Although the vacancies for Assistants have been advertised it has not been possible to fill either of the posts. It is hoped that the new Chief Dental Officer will commence duties early in 1954.

Centres

During the year a new Dental Clinic has been opened at Hayle. It is situated in the new Welfare Centre, is well equipped, and takes the place of the Clinic held at the Passmore Edwards Institute which was only opened as a temporary measure.

In the North Eastern section of the County it has been found very difficult to provide a service for the whole area using only the Dental Centres at Bude and Launceston. Consequently clinics have been held in hired premises at Delabole and Camelford twice monthly, to save the patients long journeys and to cut down the demands for transport. There is now a fairly comprehensive service in the area, but the provision of a mobile dental clinic would probably be the ideal, as it could be used for half the year in the area and the remainder of the time in the Lizard peninsula where similar conditions exist.

A second surgery has been added to the Dental Headquarters at Truro. There are also centres at Redruth and at St. Austell with two surgeries which would enable an oral hygienist to be employed, although the second surgery at Redruth still needs equipment.

Dental Laboratory

Mr. W. F. Best completed his apprenticeship on the 31st December and will be appointed to the post of Dental Technician, the complement of the Dental Laboratory will then be two Dental Technicians and one Apprentice. It is hoped to appoint another apprentice during the next year.

The Laboratory has been working to capacity and although production had to be suspended for two months in the summer because of alterations to the premises, the output was practically the same as in 1952—see Table on page 28.

Dental Technicians Course

The Laboratory has been enlarged and is now able to accommodate all the pupils attending the classes without discomfort.

In May, ten students attempted the Intermediate Examination of the London City and Guilds in Dental Technology and five were successful. Mr. J. N. Harrington, the Chief Technician who gives all the technical and practical instruction to the pupils, was successful in the Final Examination.

The Course has now been divided into three classes, two of them studying for the Final Examination and the third for the Intermediate.

The School Dental Service

Routine Inspection and Treatment

Approximately half the school population in the County were given a routine inspection during the year and 67% of these were referred for treatment, this being a decrease of 4% on the percentage referred for 1952.

2,485 school entrants of the age of 5 were given an initial routine examination and of these it was found that 527 had naturally sound teeth and 344 had been rendered sound by previous dental treatment, showing that approximately 35% of the children entering school were dentally fit. On the other hand it was found that of 1,809 school leavers inspected, 893 or approximately 49% were dentally fit. This proportion is tragically low but at least shows that whilst at school the dental condition of the child tends to improve. If more time could be spent on educating the parents in dental hygiene then perhaps the

acceptance rate among the school entrants would be higher and children would enter the schools needing less treatment. However, it is hoped to engage an oral hygienist during 1954 and she should be very helpful in this respect. Nevertheless mothers have been showing a greater interest in their children's teeth in some parts of the County as instanced at Falmouth where 478 school entrants were inspected and 373 mothers who attended with them were given short talks on oral hygiene and on their children's dental condition.

Considering the average amount of treatment needed per patient it was found that whereas the number of fillings required had increased, the number of teeth to be extracted and the other operations necessary were slightly less. This would seem to indicate that routine inspection and subsequent treatment are now having the desired effect if only in slight measure.

The acceptance rate for treatment has risen from 58% in the previous year to 65% and as routine inspections become more frequent and the children get to know the dental staff it will no doubt show a further rise. Two of the Dental Officers have interesting remarks to make on the actual signing of the Acceptance Form. The Dental Officer for the Torpoint—Saltash area remarks that if the children are entrusted with their Acceptance Form to take home to the parents, one wonders in some cases whether the parents ever receive them. The Dental Officer for the Launceston—Bude area in rather stronger terms states that some of the children who refuse treatment persuade their parents to write 'No' on the Form, whilst others sign the Form themselves.

Orthodontia

It has again been found that a greater number of persons require orthodontic treatment than can be treated by the Service, and only persons actually requesting, or in urgent need of treatment, are now accepted.

162 sessions have been spent on the treatment of 304 patients, 96 of whom have been rendered dentally fit. The treatment of 55 patients was discontinued mainly because of lack of co-operation.

General Anaesthetics

323 children have had teeth extracted under a general anaesthetic.

Three of the staff attended a week's post-graduate course in dental anaesthetics at the Eastman Dental Hospital, London, as it is realised how essential it is for the person administering a general anaesthetic to be conversant with, and to have had practical experience of, the latest methods in the administration of these anaesthetics.

Mothers' and Young Children's Dental Service

Although the proportion of time spent on this Service is small compared with that spent on the School Dental Service, it is no less important.

It is pleasing to be able to report that approximately twice as many mothers requested treatment as in the previous year. Slightly more pre-school children were also brought to the clinics for dental inspection from the age of 2 years onwards, but it is very disappointing that more mothers do not bring their young children—one of the results being that, as previously stated, only 35% of children entering the schools are dentally fit."

Output of the County Dental Laboratory

			Mothers & Young Children	School Children
Full Dentures	...	...	52	3
Partial Dentures — Plastic	...	...	30	80
	Virilium	...	14	12
Repairs	...	...	5	21
Crowns	...	...	—	5
Removable Ortho. Appliances	...	...	—	280
Record Models	...	...	—	491

Mothers' & Young Children's Dental Service

Dental Inspection and Treatment Carried out by the Authority

			Mothers	Pre-School Children
Number Inspected	...	...	207	272
Number Requiring Treatment	...	...	190	257
Number Treated	...	...	178	251
Number of Attendances made for Treatment	...	...	600	448
Number made dentally fit	...	...	78	148
Number of Extractions	...	...	460	93
Number of Fillings	...	...	221	190
Number of Scalings	...	...	22	—
Number of Teeth treated with Silver Nitrate	...	...	—	220
Anaesthetics—Local	...	...	115	77
	General	...	19	11
X-Rays—Patients	...	...	11	2
	Skiagrams	...	28	2
Number of Dentures provided—				
Full	...	...	52	—
Partial	...	...	44	—

OPHTHALMIC CLINICS.

School children continue to be referred to the Hospital Management Committee who arrange special children's clinics. The number referred to these clinics during 1953 was 2,237 compared with 2,225 in 1952.

The Treatment of Strabismus (Squint)

336 cases of squint in school children were found by the School Doctors to require treatment in 1953.

An increasing number of children under five years of age were referred to the school clinics during the year, but there were probably others who were referred to Hospital Clinics and for whom no figures are available.

Amblyopia

The total number of children of school age known to be suffering from amblyopia is 253.

861 new eye cases were seen at the clinics during the year of whom 22 were amblyopic.

The ophthalmic specialists are pleased with the response to the special arrangements made by the School Health Service, in which cases of strabismus are referred to them as early as possible after the age of six months. As a result of this scheme, which was described in the reports for 1951 and 1952, it is confidently expected that the incidence of amblyopia will now decline because efforts have been aimed at prevention rather than cure.

ORTHOPAEDIC CLINICS.

School children continue to be referred to these clinics which are the responsibility of the Regional Hospital Board.

As stated in the annual report for 1952, the scheme of Remedial Exercises in Schools is slowly spreading to other areas but the present need for economy may postpone the day when this much needed service will be provided for the rest of the county,

EAR, NOSE AND THROAT CLINICS

School children continue to be referred to these Clinics which are the responsibility of the Regional Hospital Board, and specialists continue to send a copy of their reports on the school children seen by them.

The Ear, Nose and Throat Specialists have also continued to be most helpful in every way in connection with the diagnosis and treatment of deaf children. The need for improvement in the diagnosis and treatment of deaf and partially deaf children has been kept continually in mind during the year and every possible aid to accurate diagnosis has been used where necessary.

A portable pure tone audiometer has now been approved for use in the School Health Service and there is no doubt that this apparatus will solve many of our difficulties in accurately assessing loss of hearing in school children. Experience has shown that one of the most serious defects of hearing is high tone deafness, for in these cases the child misses the most essential part of the spoken word, i.e. the consonants, and so ordinary speech is unintelligible to him. It is reported that in the past these cases have not been diagnosed correctly to the serious detriment of the child and his education. As would be expected some of these children also have a defect of speech and it is proposed to examine with the audiometer all such children attending the speech clinics.

CLEANLINESS.

Approximately half the Primary Schools in the county are always without a case of infestation and cleanliness inspections are carried out at these schools twice a term; the other Primary Schools are inspected once a month. Secondary Schools are inspected once a term but any cases of infestation are "followed up" by the School Nurses.

297,547 inspections were carried out during the year in 2,999 routine visits to the schools by the nurses. 1,148 children were found to be unclean and 5 of them were compulsorily cleansed.

The figure of 1,148 children found to be unclean during the year (approximately 2.5% of the children inspected) is rather high when one considers the modern methods available for dealing with infestation and this problem is not confined to Cornwall. However, it is possible that the number of children reported to be unclean is rather a "swollen" figure for the following reason. The presence of nits, however few, in a child's hair cause it to be counted as a case of infestation but there is no way of differentiating between live and dead nits. A child with only dead ones could not really be called a focus of infection but it is no doubt counted as a fresh case of infestation. Nits appear to remain in the hair for a long time and it is a very long process to remove them by combing. If some preparation could be found and used to dissolve the cement by which the nits are attached to the hair, it would be interesting to see what effect it has on the number of children reported to be unclean.

In last year's report it was mentioned that the Local District Councils of one Health Area in Cornwall were dealing with the adult members of unclean families under the terms of the Public Health Act 1936. The following is a report from the Medical Officer of Health concerned:—

“ A perusal of the records of Cleanliness Inspections and Reinspections in a group of schools over a period showed very clearly that all the school children in a small number of families were persistently infested with head lice. As little or no improvement was effected by routine inspections and re-inspections it was decided to visit all parents and to give free Suleo to those who could not afford it and were willing to co-operate. This too proved ineffective. It was decided to attempt to examine and cleanse all the members of these households. As a preliminary to this step the Local Authority was informed of the state of affairs and a resolution was obtained pledging the Authority's support if action under Section 85(2), of the Public Health Act of 1936, was required. The Health Visitors then visited the families concerned and having explained the necessity for cleansing the whole household, offered to help in every way possible. In every case the families voted for help and were cleansed voluntarily. Some adults were cleansed in their own homes, some at the clinic. Tracing adolescents and young adults who were at work and persuading them to join the scheme was rather difficult but was done thoroughly.

Nine households were involved 7 of which were cleansed and have remained clean over 12 months, 2 were cleansed but have had occasional light infestations in the same period. To a further 14 families supplies of Suleo and instructions as to use were given but the results here were indifferent.

A great deal of extra work was required to produce these rather insignificant results and were it not for the fact that one has to start somewhere one would be inclined to wonder whether the time of the Health Visitors could not be more usefully employed elsewhere. One fact which has impressed us is the need for following up absentee school children. Generally speaking the chronic absentee group contains the large majority of verminous children though the groups are by no means coterminous. It seems essential that children missed at cleanliness inspections by the school nurses should be examined at home without delay.”

The work done by this Medical Officer of Health and his staff has been very valuable in indicating one of the methods of dealing with the persistently infested families, and it brings out one very important point, the follow-up of all absentee children in their homes.

INFECTIOUS DISEASES

Disease		Cases notified	
		1953	1952
Scarlet Fever	...	236	284
Whooping Cough	...	1,207	421
Diphtheria	... ..	9	11
Measles	...	6,391	1,041

30 cases of Poliomyelitis (Infantile Paralysis) occurred during the year, 13 of whom were school children compared with 21 cases in 1952 of whom 8 were school children.

PROTECTION OF CHILDREN FROM TUBERCULOSIS

Circular 249 issued by the Minister of Education on 28th March 1952 altered the method by which entrants to teachers training colleges and teachers entering the profession were to be medically examined. Under the new regulations, entrants to training colleges are examined by the School Medical Officers and the results recorded on Form 4 R.T.C.; 171 such examinations were carried out during 1953, and it was not considered necessary to refer any of them for an X Ray examination of the chest. Teachers entering the profession and who have not completed an approved course of training are also examined by the School Medical Officers and results recorded on Form 28 R.Q.; an X Ray of the chest is compulsory for these candidates and 4 of these teachers were examined during the year. Teachers completing an approved course of training have medical examinations and X Rays arranged for them by the Training College.

A further safeguard of the children's health was instituted in Cornwall during the year—an X Ray examination of the chest of all teachers transferring to Cornwall was made compulsory in addition to the medical examination which has been carried out for many years. 115 teachers transferred to Cornwall during the year, all having had medical and X Ray examinations.

Tuberculosis

(i) B.C.G. Vaccination — In November, 1952, the Ministry of Health granted permission for B.C.G. vaccination to be offered to school children in their 14th year who were found to be susceptible to tuberculosis and who attended schools in Health Area 1 (Penzance, St. Ives, West Penwith) and in Health Area III (Falmouth, Truro City, Truro R.D.).

The consent of the Ministry was granted only after prolonged negotiation and it is gratifying to know that, apart from certain County Boroughs, where the Medical Research Council are offering vaccination to a limited number of school leavers, the vaccine is only available

to school children in Cornwall. Below is a copy of the explanatory letter sent to parents:

“ It is now possible by a simple test (a tuberculin test), to find out whether a child is susceptible to tuberculosis. The test consists of a small injection into the skin, the reaction being read three or four days later. I am glad to be able to tell you that where the test shows a child to be susceptible, we are now allowed to offer B.C.G. vaccination, a method of protection which hitherto has only been available to medical students, nurses, and contacts of known cases of tuberculosis. The results of this protection have been excellent, although complete immunity is not guaranteed for those exposed to heavy infection. Vaccination is carried out at age 14 so as to provide protection during the dangerous years 15—25.

The procedure involves a minute dose of B.C.G. vaccine, given into the skin in much the same way as a diphtheria prophylactic, and two subsequent tests to ensure that protection has been provided.

If you would like your child to have this test and the advantage of B.C.G. vaccination, should this be shown to be advisable, will you please sign the form on the back of this letter and return it to the Head Teacher of your child's school. There will, of course, be no charge for these services.”

The response has been satisfactory—well over 70% of those offered vaccination of their children have accepted it. The work was carried out during the Spring and Summer terms, and the results are summarised below.

	No. in Age Group	% Accept- ing B.C.G.	No. X-rayed	No. Tuberculin tested	No. Vaccin- ated
AREA I.					
(a) Grammar Schools	258	75%	247	224	105
(b) Secondary Schools	458	78%	441	398	148
(c) All Age Primary Schools	209	69%	185	183	67
AREA III					
(a) Grammar Schools	525	74%	525	390	267
(b) Secondary Schools	262	93%	262	243	143
(c) All Age Primary Schools	287	90%	287	258	180
(d) Technical & Art Schools	51	94%	51	48	22
(e) Private Schools	511	77%	496	397	266

(ii) Mass Radiography — All children eligible for B.C.G. vaccination were passed through the mass radiography unit prior to vaccination: in addition, mass radiography of all school leavers was introduced in Areas I, II, III and part of VII. The work entailed considerable organisation as the children had to be conveyed by bus to the centres where the mass radiography unit was operating. Thanks to the co-operation of Head Teachers, the arrangements worked very smoothly.

In all, 4,325 children were X-rayed, amongst whom were 11 significant films.

IMMUNISATION.

The School Nurse is responsible for the immunisation state of the schools in her area and makes arrangements for immunisation sessions in co-operation with the School Doctor.

If the parents wish, the injections may be given by the Family Doctor, although in practice most of the "boosting doses" are given by the School Doctors who also undertake most of the primary immunisation of children commencing school who were not protected in infancy.

Diphtheria

The table below shows the work carried out during the year:—

Primary Immunisations		Boosting Injections
Under 5	5—14 years	
3,674	786	5,148

Whooping Cough

2,791 children under 5 years of age and 206 children over 5 years of age were protected against whooping cough during the year.

THE NURSING SERVICE

Miss A. White, the County Nursing Officer, reports as follows:—

"At the 31st December there were 25 full-time and 1 part-time Health Visitors and 93 District Nurse-Midwives (29 with the Health Visitors' certificates) undertaking school work.

During the year these Nurses and Health Visitors paid a total of 2,904 School Hygiene Visits, 1,771 being paid by District Nurses and 1,133 by Health Visitors. School Medical Inspections totalled 1,728 826 by District Nurses and 902 by Health Visitors. Hygiene and medical follow-up visits both to homes and schools totalled 3,778.

Steady progress has been made throughout the year in the programme of health education in the schools. Mothercraft classes have been given to the early adolescent girls and general talks on simple hygiene, home nursing, budgetting, infant welfare, elementary physiology and anatomy have been undertaken at various places in the county. In addition films with a health educational bias have been shown. The Health Visitors and District Nurses have received every help from the teaching staffs. This important branch of preventive work is growing and we hope it will be extended during the coming year."

OTHER WORK OF THE SCHOOL MEDICAL OFFICERS

In addition to the routine medical inspection of children in schools, the School Medical Officers performed the following duties during the year:—

School leaving medical reports to the Youth Employment Service	...	...	...	...	...	43
Examinations of children for part-time employment	...					145
Examinations of Boarded-out Children and Child Life Protection Cases	...	...	...	...		803
Sessions at Infant Welfare Centres	...	...	...	...		750
Examinations of staff for Superannuation purposes						55
Examinations of Blind or Partially Sighted Persons	...					94
Examinations of entrants to Teaching Colleges and to the teaching profession	...	...	...	...		175
Various other examinations	...	...	...	...		59

REPORTS BY SCHOOL MEDICAL OFFICERS

The following notes on the Service in general are extracted from the reports of the School Medical Officers.

Dr. D. Chown: Penzance Area

" Throughout the year routine medical inspections have continued as before. The health and nutritional state of the children on the whole calls for little comment. In the early part of the year there was a very wide-spread epidemic of mumps. In one village nearly everyone was affected.

Since the summer holidays there has been a recurrence of impetigo. Since the war impetigo has been rare, but during the past two years it has been re-appearing throughout the country. Cases have been

investigated in Sheffield and were all found to be due to a penicillin-resistant strain of streptococcus pyogenes. There are few other minor ailments, and the minor ailment clinic at St. Ives has been closed for lack of patients.

Handicapped Children

During the year seven children known to be educationally subnormal have been retested on leaving school, and recommended for supervision by the Mental Health Committee. Eleven children have been tested for subnormality, and of these six have been found suitable for a special school (one has since been admitted to Pencalenick) and three for special teaching in the ordinary school. Three five-year-olds were found to have insufficient intelligence for any School. One feels a great need for a special school for the subnormals of primary school age, and also for Occupation Centres for those children whom we must exclude from school, and for whom we have nothing else to offer. In this connection, some wonderfully selfless work is being done at St. Ives by Mrs. Sunderland, a lady who has had great experience of teaching subnormal children and also of occupation centres for the ineducable children. Without any financial reward, and only for the love of the work she has three or four children every day at her bungalow for occupational training.

B.C.G. Vaccination

Some time has been given to working with Dr. Hargreaves on this scheme, tuberculin testing children in the leaver age-group, and selecting non-reactors for B.C.G. vaccination.

Immunisation

Mothers are anxious to avail themselves of the whooping cough vaccine, and most babies are now brought at six months old to receive the whooping cough-diphtheria vaccine.

Immunisation sessions are held weekly at Penzance and monthly at Hayle, St. Ives and St. Just. In addition, there have been fourteen immunisation sessions held in schools.

Persuading people to have their babies immunised is a work which occupies much of the Health Visitors' time. Health Visitors are also present at all immunisation sessions, whether at a clinic or a school, and they sterilise the needles and syringes and have everything prepared for the doctor. Miss Stephens of the Health Area Office keeps all the records and is present as clerk at all the sessions.

School Buildings

During the year St. Buryan C.P. School has had water sanitation installed. Trythall has had an improved water supply. Extra wash basins have been installed at Penzance Girls' Grammar School and extra W.C.s at Tolcarne C.P. School. Electric light has been brought to St. John's V.P. School and there is now a servery at Lelant.

The water supply is inadequate at St. Erth and St. Hilary C.P. School and the Canteen at Trewellard was without water recently.

Five schools that are without water sanitation now have buckets, but Pendeen, Carnyorth and Goldsithney have primitive pits. Of those that have water closets, three still have the old fashioned automatic flush."

Dr. M. V. Joscelyne: Helston Area

" School Buildings

There is serious overcrowding in some of the schools and certain Head Teachers have no room at all for School Medical Inspection.

General Health

The majority of the children are as usual in very good health. I very rarely see a child who has to be put into Category C.

Speech

We now have a Speech Clinic again in this area, it is very welcome as there are many children with speech defects.

Specialist Service

The reports received from Specialists continue to be most helpful to us. It is encouraging to find so many of the children with cardiac murmurs, which in the bad old days would have been treated as invalids, thriving so well on P.T. and games.

Infant Welfare Clinic

This clinic is flourishing. The numbers increase, but the babies still chiefly come from the Admiralty Estate. It would be nice to see more of the Cornish mothers and babies.

Vyvyan House

This house continues to be well run and the children seem very happy, in fact it is more like a home than a Home.

Educationally Subnormal and Backward Children

A junior school for these children is badly needed."

“ Nutrition

On the whole, the children give the appearance of being adequately fed, being, on the average, from 5 to 10 lbs. heavier than the percentile weight to height ratio calculated for children by the London County Council.

Cleanliness

As everywhere else, there are some problem families whose infestation with nits and fleas is a source of nuisance to others. The School Nurses inspect the heads at monthly intervals and as far as can be ascertained, the help and advice given by them is accepted without the need for sterner measures.

Foot Defects

More often than not, children suffering from flat feet and allied defects have obtained treatment before their first medical examination. Early Hallux Valgus is rather frequently seen among girls over 14 years of age who are about to leave school. Advice on foot health is apt to be neglected in favour of other considerations in this age group. Verruca—this painful plantar wart, so common in some parts of the country where children frequent public swimming baths, was most conspicuous by its absence.

Ear Diseases

Chronic otitis media appears to be rare.

Handicapped Pupils

Partially sighted.—One pupil has been sent to a special school.

Partially deaf.—One pupil has been provided with a hearing aid at an ordinary school.

Diabetic.—One child has been sent to a special diabetic home at the recommendation of Dr. Andrews.

Epileptic.—One epileptic girl with concomitant backwardness was recommended as requiring care and supervision after leaving school. One other is bed-ridden and ineducable. Two others are a problem; they need institutional treatment in a special school but unfortunately their basic intelligence is too low for admission to Lingfield. In the meantime it has been possible to arrange school attendance for one of these but the other has been firmly excluded from his school by the headmaster.

Physically Handicapped.—Three boys from Pengegon Estate, suffering from the effects of Infantile Paralysis and who would normally be unable to attend ordinary school are conveyed daily to the small school at Kehelland. This is proving a great success.

Speech Defects.—Severe speech defect is a serious cause of apparent backwardness. One such case is now receiving home tuition after successful operation for cleft palate. One other, unfit for ordinary school, is to be given a trial at the Nursery School, Camborne. No Speech Therapist was available in this area in 1953.

Educationally Subnormal.—At any time it is difficult to assess accurately the line at which a pupil should be recommended for a special school or be allowed to drag on at the tail of his class at an ordinary school. Many of the latter become malcontented if not frankly maladjusted. There are also those unfortunate children who are so retarded that it is estimated that they would not benefit from education at a special school.

School Buildings

In the towns the schools tend to be overcrowded and old fashioned but in the country one is struck by the strength of the buildings and the general air of space, airiness and grace. Wherever water is laid on, water carriage sanitation follows. The provision of a suitable room where medical examinations can be conducted properly is an urgent requisite in all schools of the area.

Infant Life Protection and Foster Children

With one exception, all foster children appear well cared for and in good health. In the one exception, the child was promptly withdrawn from that foster-mother."

Dr. J. D. McKellar: Newquay Area

"I have now completed five years service with the Cornwall County Council, and I should like to take the opportunity in my annual report of making a short survey of the alterations in my area.

The most noticeable improvement has been the general rise in the standard of the schools from the health point of view. Most schools now have an adequate water supply, a considerable number have flush lavatories, all are now in a reasonable state of decoration and practically all provide a midday meal. A new school was opened for the Newquay Infants and a large Secondary Modern School is to be opened at Newquay early in 1954 to take the senior children from the sur-

rounding village schools. Heating however in most schools still leaves a lot to be desired, and quite a number of schools are badly lit, and require artificial lighting in the winter.

These improvements in general conditions are not only an asset to the children's health, but are an important aspect of Health Education. There are fewer children of 'C' nutrition, and quite a number are up graded from 'B' to 'A'. This is especially noted in the leaver group of late, as at one period their standard was disappointing.

Eyes

Cases are now seen within three or four weeks and there are very few cases of parents refusing treatment, but some do not co-operate as much as they could by insisting that the children wear the glasses provided for them.

E.N.T. Cases

There is little alteration in this position. The waiting list for Tonsils and Adenoids is still very long and a number of cases wait for as long as one year. The reports the School Doctor now receives are a great help and added interest.

Orthopaedic Cases

The provision of arrangements for remedial exercises in school has relieved the clinics, and saved many wasted hours of school time. Miss Jeans and her staff have been a great asset as cases are caught early and after two or three terms of remedial exercises can be taken off the list again.

Educationally Subnormal Cases

With the opening of Pencalenick School the situation has improved markedly, but it is a great pity that there is no place for the under eleven child. At present they must either be excluded from school or remain at the ordinary primary school, where they are a handicap to the class and require much supervision from the teacher.

There is one point which causes me some anxiety, and that is the children entering the Grammar Schools. Many of these children have long distances to travel and by the time they get home and have a meal and do their homework they are going to bed much too late, and this reveals itself very forcibly at the School Medical Inspections.

Infant Welfare Clinics

Three new clinics have been opened at Roche, Chacewater and Cameron Estate, St. Agnes, all of which are progressing well.

A happy relationship with the teaching and nursing staff has been maintained and co-operation with the General Practitioners is also satisfactory in all areas."

Dr. J. D. McMillan: Liskeard Area

" Health of School Children

The standard of health has remained satisfactory in the past year. There were no major outbreaks of infection though several infant departments had to be revisited in the summer term for routine inspection owing to the large number of absentees in the spring term due to minor infectious complaints.

Nutritional standards remain good and the child in the subnormal nutritional group is rarely seen in this area now. It is hoped that this will not be altered now that fewer children are having school meals. The majority of the children are well and suitably clad, and the standard of cleanliness is satisfactory.

Special Defects

Vision.—The largest group of defects requiring treatment are those requiring vision tests. Arrangements for refraction remain satisfactory and there is rarely much delay in supply of spectacles now.

E.N.T.—Few cases have required specialist treatment. Several children have been seen at the request of both teachers and/or parents on account of suspected deafness but few of these have needed to see a specialist.

Orthopaedic.—Much improvement has been noted in minor defects as a result of the work done in schools in this area by Miss Jeans and her staff. Very few cases have had to be referred to orthopaedic clinics. There are, however, no real facilities for coping with postural defects owing to lack of suitable apparatus, with the exception of Longstone Infant School, Saltash, where new equipment has recently been purchased. The school teachers have co-operated splendidly in this work. The parents now seem to appreciate that it is beneficial to have the children suitably dressed for physical education. Demonstrations of the work to parents have again helped in this respect.

Educationally Subnormal

Most of the requests by head teachers for tests of children have been dealt with this year. The lack of provision of a special school for

junior children still remains a problem as suitable arrangements for these children in ordinary junior schools is difficult under present circumstances of staffing and class numbers.

The co-operation of the Child Guidance team in this department has been appreciated.

Speech

The re-opening of a Speech Therapy Clinic in this area has been welcomed. Miss Fell, the Speech Therapist, has been most helpful and the majority of the children attending the clinic are reported to be making good progress. A number of 'old cases' have failed to attend, but these have been cases that have improved and now do not warrant special treatment.

Paediatrician

The consultant service in Plymouth continues to be a great help. The general practitioners in this area make full use of the service and the excellent reports obtained are of great benefit to me in my work.

School Buildings

There has been little change in the past year. Redecoration has been carried out in some schools with benefit. The opening of the new Junior School at Torpoint this year has been welcomed.

Canteens

General conditions are satisfactory, but many have inadequate washing-up facilities, having only a single sink for all purposes, food preparation and dishwashing. The high standard of cooking has been maintained.

Diphtheria Immunisation

Sessions have been held in all Junior and Infant Schools this year. Response was again satisfactory.

Child Welfare Clinics

Larger numbers of children have been seen, chiefly due to the increase in numbers attending for combined immunisation. I would like to thank all the Health Visitors and School Nurses in this area for their help and co-operation."

Dr. W. H. P. Minto: Launceston and Bude Area

" Routine Medical Inspections

The majority of routine medical inspections for the year were carried out during the first, and second terms in 1953. The third term

was most usefully employed in dealing with the large number of 'special' cases which had accumulated. I now find myself in the position of having got up to date with the school work in this Area.

I may mention that the School Medical Service which has been the subject of a deal of controversy during the past few years is, in my opinion, to a great extent once again changing its form. At the start of the School Medical Service early in this century, the object was the ascertainment of those children who were not 'A.1.' Some years later it was found that the mere ascertainment of defects was not sufficient and free treatment was introduced through the School Medical Service. This situation completely altered in 1948 with the coming into being of the National Health Service Act. As a result of this Act, the treatment of the school child by the family doctor became free and it was no longer necessary to provide treatment through the School Health Service. It seems to me that the School Health Service is now perhaps of greater value than ever but that the emphasis must now be placed on the ascertainment of pupils who are handicapped in their education by mental or physical ill-health and on the provision of special facilities to provide them with suitable education, either in special schools or in special classes in ordinary schools. Health Education too is of increasing importance. It seems to me that a very great deal of health education of both parents and children can be obtained through the medium of the schools.

General Condition

The general condition of the children examined was on the whole satisfactory. A small number came within Category 'C' and the majority of those were children of below average intelligence who are members of " Problem Families ".

Co-operation

I mentioned this happy feature of work in this Area in my last Report and I have again received every co-operation from Head Teachers and Health Visitors. Furthermore, it is probable that it is not generally realised the enormous amount of extra work involved when a Head Teacher willingly continues to give such education as is possible to handicapped pupils who should properly be admitted to Special Schools. There can be no doubt that any pupil who is able to benefit from normal education, particularly where the defect is a physical one, is better in an ordinary school than in a special one. On the other hand there are a number of educationally sub-normal children in the schools in this Area who should be receiving education in a Special School or in a Special Class for that purpose, and I cannot

emphasise too strongly that the presence of one or more children of this type in a large class of children of average intelligence puts a great strain upon the class teacher. I should like to say that I am most impressed by the goodwill which prevails everywhere, in spite of these undesirable conditions.

Another unfair burden which falls upon some unfortunate Head Teachers is that of ensuring that unsafe milk and/or water is adequately boiled to make it safe for drinking. I do feel that this is very nearly the 'last straw', and it is to be hoped that in the near future, the remaining schools in this Area which are still supplied with ungraded milk may be the subject of arrangements which will provide safe milk supplies. This statement must apply perhaps with even more force to the polluted water supplied at some schools.

I should like to make a special mention of the Stratton Secondary Modern School which in three ways sets an example that might well be followed elsewhere:

- (i) the school buildings are everything that is desirable and there is adequate room and privacy for medical inspections.
- (ii) There is a Special progress class for children who experience difficulty with the basic subjects and I am much impressed by the progress which these children are making within the limits of their disabilities as a result of special educational methods.
- (iii) An arrangement has been made with the Head Teacher and with the teachers concerned for Physical Training Instructors to be present at the routine medical inspections, and this has proved of inestimable value, as many minor orthopaedic defects can be safely treated by these keen and enthusiastic teachers in the course of the physical training periods.

School Dental Service, 1953

This was the first full year for some time when there has been a whole-time Dental Officer working in the Area throughout the year.

I feel that the Dental Service in this Area would be greatly improved if a Dental Caravan could be authorised. This would lead to a considerable reduction in transport costs and, furthermore, I think that the very presence of such a Caravan in the villages would be a good advertisement for the Service and would lead to a larger number of parents accepting treatment for their children."

“ Inspections

1,581 pupils were examined at routine inspection. The distribution in categories of general condition is surprisingly similar to that of last year.—25 were placed in ‘C’ and 462 in ‘A’. The figures for 1952 were 24 and 456 respectively. Defects requiring treatment during the year were 318, visual defects accounting for 130 cases. Re-inspection of previously observed defects was on the same scale as last year. Visual defects and enlarged tonsils or adenoids form the greatest proportion of this group. The waiting period of one year for removal of tonsils and adenoids would appear to minimise the need for operation in many cases.

Handicapped Pupils

Twenty-two children are classified as such, 15 as E.S.N. The number of E.S.N. children in the schools is considerably greater than this, but time allows only to ascertain the more urgent cases. Seven children were classified as ineducable, three deaf children and one spastic child were recommended for admission to appropriate schools.

School Meals and Milk

Canteen facilities are good throughout the district and better arrangements for milk supplies were evident.

School Sanitation and Cleanliness

Most schools in the Area were redecorated in attractive light colours making a pleasing and welcome change to the previous drab colours of most class rooms. The structure and general design of most buildings in the Area fall short of a reasonable standard for present needs, and overcrowding is marked in all urban schools. Facilities for conducting medical examination expeditiously and in private are lacking in all schools.

Physical Education

The practice of teaching remedial exercises to children with minor orthopaedic defects was extended in the Area during the year. The most welcome feature to all connected with the School Health Service is the great reduction in the number of children attending orthopaedic clinics.

Immunisation

375 children received diphtheria immunisation during the year.”

“ The year ending December 31st, 1953, has presented no new marked features in the work of Infant Welfare and School Medical Inspection. On the whole, the standard of co-operation and interest shown by parents, teachers and others concerned has been well maintained.

School Medical Inspections

These have again been well attended by the parents who are very appreciative of the services rendered. The nutrition of the children examined is very good indeed. It is most exceptional to see any child nowadays really ill-nourished, and the few who are seen usually belong to the hard core of ‘ problem-families ’ where the general fecklessness and inability to cope with the daily problems of life in the set-up of our social system, sometimes produces these cases of ill-nourished, badly-clad children, often maladjusted and educationally retarded, who frequently become social misfits in their turn.

I have again been impressed at these school medical inspections by the high proportion of children with absolutely symptomless pes planus of varying degree, and one is strongly tempted to join that school of thought which denies any value to prescribed special exercises to such children, who are already getting plenty of varied exercise in their daily activity and whose flat-footedness is probably ‘ normal ’ for them.

Infant Welfare Clinics

My general feeling here coincides with what has so often been expressed by others—that the mothers who could derive greatest benefit from regular attendance at the clinics are the very ones who stay away and that in the matter of “ health education ” it is rather preaching to the converted when dealing with the mothers who so loyally attend regularly with their infants. These are certainly not the mothers who need liberation from their slavish obsession with ‘ teething-powders ’ and ‘ gripe-water ’.

The fact that children can now be immunized at every Infant Welfare Session against Diphtheria or Pertussis or both has proved very convenient to the mothers who appreciate this facility.

Educationally Subnormal Children

This problem is still with us and is a sore trial to all concerned. I can see no solution to it until we can afford to have more accommodation for the educationally retarded who are over eleven and at least one similar junior school for those under eleven.

Children ineducable at ordinary schools

An interesting little experiment in mutual aid has been tried out at the Falmouth Clinic with some degree of success. Here four or five 'ineducable' children have been attending fairly regularly three afternoons a week under the care of two voluntary workers, one of whom is responsible for one session a week and the other for the other two sessions a week. There is a rota of the mothers of the children, one of whom attends each session, so that there are always two adults at each session. Through the kindness of the W.V.S. the children are taken to and from the class by car. The class is run, as far as possible, on the lines of an occupation centre, and it is really remarkable to see the improvement already effected in these children in their general social well-being and behaviour. The mothers are very appreciative; they feel something is being done for their unfortunate children and the experiment seems to have been worth while.

Boarded-Out Children

These are visited regularly and the general arrangements and liaison between the various people concerned work very well.

Finally, I must again express my satisfaction that over the whole year I have not experienced a single instance of misunderstanding or difficulty in my relationship as a school doctor with the family doctors in my area."

Dr. W. M. Ryan: St. Austell Area

" General Health

A satisfactory state of nutrition was found. Very few C's were noted. Children are generally very well dressed and healthy looking and seem to reflect a greater prosperity of their parents and better housing conditions.

I have noted recently an increase in the number of minor skin complaints, particularly impetigo and a few mild cases of scabies. There were no important epidemics and fortunately very few cases of Poliomyelitis occurred.

School Buildings

Some schools are getting very overcrowded, particularly in the town areas where the school population has grown considerably in recent years. If we cannot have new schools it becomes necessary to add new classrooms when needed, with additional washing and lavatory accommodation always.

The new canteen and Central Kitchen at Mount Charles, St. Austell is working well and is an attractive and necessary addition. Adjoining the canteen is an enclosure with pegs for hanging the children's coats, etc., but no provision for washing hands, and the washing facilities in this school are inadequate in the Infants' Departments.

Accommodation for medical inspections is becoming increasingly difficult owing to the large classes which makes it very difficult to vacate a classroom for this purpose.

Transport to School

Applications for special transport to school give rise to a certain amount of difficulty and worry, especially where the request is made by the family doctor. A decision in such cases takes up much time in discussing the matter with all concerned, and frequently arouses ill feeling.

Infant Welfare Clinics

I am pleased to report very good attendances. The Clinic at St. Austell has improved considerably during the past year. At Par the attendances have become almost unmanageable.

Immunisation

This proceeds well in both Clinics and Schools.

Speech Therapy

I am very glad that we have once again facilities for this work.

Educationally Subnormal Children

There is great need for a Junior School for Educationally Subnormal children in the County and I hope this will be possible before long. So much time is spent in 'ascertaining' these children as educationally subnormal and so few of them are able to get special teaching.

I hear good reports of the children attending Pencalenick School."

PHYSICAL EDUCATION

The Secretary for Education has kindly supplied the following report on Physical Education, compiled by Miss V. M. Jeans, M.C.S.P. and Mr. M. A. Broadbridge the Senior Organisers:—

" During the year there have been two publications by the Ministry of Education to take the place of the 1933 syllabus and these should

be of great help to trained teachers in the subject and will be a guide to head teachers in that they cover a much wider field than any other syllabus so far published. It certainly shows that very much better conditions must be obtained in the majority of the Cornish schools before much of what they recommend can be attempted.

Financial restrictions still prevented any widening of the scheme of physical education in the schools in Cornwall. Camping again had to be suspended, an increased swimming programme cut and hope deferred of the provision of some climbing apparatus in primary schools.

Apparatus

There is still an urgent need for some type of climbing apparatus which can be used in the playground to offset the lack of fitted halls and gymnasia. With it, some remedial work could be satisfactorily carried out. All children have a natural urge to climb and the transference of the weight of the body to the arms is one of the best ways of preventing postural defects. Many children referred by the school doctors for exercises for poor posture or defects of the spine, cannot now be treated with much hope of success. In December, a new type of tubular steel portable apparatus, to which additions can be made when finances allow, was demonstrated in some areas of the County and it is hoped that those who can raise the money will buy at least a first instalment.

Considerable additions have been made to the stock of portable and, in some cases, fixed apparatus in secondary schools. Vaulting apparatus has been loaned to some un-reorganised schools until secondary schools are opened, but there are still far too many schools where, without fixed apparatus, it is difficult to extend sufficiently the older boys and girls and give them the physical and character training benefits which climbing apparatus would provide. The first full size gymnasium has been constructed and equipped at Tretherras County Secondary School, Newquay. Most schools have now enough small physical training and games apparatus to ensure that the work can proceed on modern lines in a purposeful, individual and interesting way, but, as the apparatus is very expensive, upkeep and replacements leave little money for new ventures.

Clothing and Footwear

More children are changing for physical education, but the position is far from satisfactory and it seems here that it is a question of educating the parents as well as the children. Certainly, until all children wear, at least, suitable shoes, the work cannot be as beneficial as it

should be. Unfortunately, lack of changing facilities, particularly in mixed schools, make this most necessary aspect of the work difficult.

Playgrounds and Fields

Many more playgrounds have been resurfaced with Parphalte during the year. The enormous difference that this makes to the attitude of the schools concerned with regard to physical education is seen in the willingness of the children to change when working on a good surface, the pleasure of the parents when their children no longer come home with torn knees and dirty clothes and the relief of the teachers who can encourage and coach and let the children work and play with energy and enthusiasm without the fear and worry of accident. The position regarding the voluntary primary schools which have now become either aided or controlled, has improved considerably.

The second mobile field upkeep unit was put into use in April, covering the North, East and part of Mid-Cornwall. Accumulated work, together with fields attached to new schools, indicate that the provision of a third unit, mentioned in a forecast some seven years ago, will be worthy of consideration in the near future. There was so much extra work in the summer of 1953 that the anticipated quicker 'round' did not materialise.

Staffing

Mr. A. E. Worrall left the staff at the end of 1952, and his place was taken in May, 1953, by Mr. J. A. Mason, who held a similar post in Nottinghamshire.

The position regarding teaching staff remains fairly static as it is still difficult to obtain fully qualified teachers in physical education and, although applications are received, many are withdrawn by the candidates because the facilities at the schools are not good enough. Where, however, the conditions are satisfactory, it has been possible to obtain men with full qualifications with a resultant benefit to the boys. On the women's side, there is a great wastage owing to marriage and home responsibilities and the fact that the fully trained gymnast requires a post where she can take a wide physical education programme and is not prepared to stay where it is not possible to do this. The Organisers themselves are in danger of losing touch with the modern trends in the presentation of physical education and new apparatus and equipment which is demonstrated at various courses and centres. They will be unable to bring to the training of teachers, which is a vital side of their work, a freshness of outlook and ideas unless they can take advantage of the courses and discussions arranged by the Ministry of Education and by their professional associations.

BOYS

Athletics

There is a good deal of activity in boys' schools in this sphere. Four main associations cover all the schools in the County, namely:—grammar, secondary, primary (numerous) and a County Association, which is responsible for the organisation of the County athletics meeting to select boys for the National Championships from these divisions. The County Championships held at Trevenon, Camborne, during the year and the secondary modern schools' championships held at Saltash, were two outstanding events. Both showed good organisation and improved standards by the competitors—e.g. seventeen records were either beaten or equalled at Saltash. In the Milocarian trophy, including entries from as far afield as Germany and Nigeria, three Cornish Grammar Schools finished in the first nine in the Country. The results of the team competing in the National Championships at Uxbridge were a little disappointing, although they were a slight improvement on the previous year's results.

Association Football

The tactics and skill revealed in the five County competitions proved that progressive coaching has taken place in the schools. The English Schools' Football Competition has shown that the standard achieved in Cornwall compares very favourably with that of other Western Counties and units.

Boxing

During the Cornwall Association's first season as a separate unit, the results in the National Schools' A.B.A. were most satisfactory. Several teachers gained the certificate for judging so that there is now a sufficient number of Cornish officials without having to cross the Tamar. A further course for teachers was held at Penzance in December, and, in the examination, all candidates were successful.

Camping

Equipment was not available during the summer, but arrangements have now been made to use and augment the camping equipment held by the Youth Service during May and June of 1954 for a teachers' course and for camping by schools.

Cricket

Despite the difficulties of poor grounds, there is a good deal of enthusiasm for cricket in schools in some areas, although a number of schools find difficulty in catering for the needs of the boys in both

cricket and athletics. A successful course for cricket coaches was held at Liskeard taken by two teachers who had qualified at Lilleshall as cricket coaches under the M.C.C. training scheme. Approximately twenty teachers attended this course and found it very instructive.

Rugby Football

Rugby Union films were borrowed from the Rugby Union, together with school films of rugby coaching, to show in schools. Twelve schools were visited and nearly 1,500 boys saw the films. The inter-school match programme has shown that coaching is on a satisfactory level and two teachers attended the course on rugby at Bisham Abbey. Enthusiasm in the western area of the County for this game is high. Both games against Devon and Plymouth were lost by narrow margins, but a good standard of rugby was maintained.

Swimming

Fowey C.P. Boys' School gained the Tamlin Trophy. In the "Western Morning News" Trophy Competition, Bude Grammar School just beat the holders—Fowey Grammar School. It is expected that interest in these competitions which involve all children in the school will increase in 1954.

GIRLS

Games

Owing to the lack of playing fields and the inability of the girls in many county secondary schools to afford the equipment for hockey, lacrosse or tennis, the majority of these schools have no major games except netball. This is a serious problem, as, when the girls leave school at the age of fifteen, they are unable to join a club to play games and so are in danger of becoming part of the vast army of young people who become watchers rather than players, or, worse still, drift into less desirable activities. The Grammar Schools' Hockey Tournament showed improvement both in the technique of the players and the standard of umpiring. This year, for the first time, the South Western Schools' Tournament was played at Truro on the High School and County School grounds. Six Counties took part and the Schools' Committee made excellent arrangements for the organisation of the tournament and hospitality for the teams who stayed overnight. Netball tournaments were held for primary and county secondary and county grammar schools (Under 15). Treleigh County Primary and Truro County Secondary Schools won the junior tournament and Penzance County Grammar School the senior tournament.

The County Tennis Association, anxious to improve the standard of play of the juniors in the County, have made contact with the schools through the Education Department and have offered coaching facilities and demonstrations to those able to take advantage of them. Until more schools have cheaper access to public courts or have their own, the standard of tennis will remain low. As this is the most popular social game and one which the majority of children could play when they leave school, it is important that as many as possible should have the opportunity of learning the rudiments of the game while they are still at school. The lack of courts and expense of the equipment have been overcome in some schools by the playing of padder (miniature) tennis in the playground, but few surfaces are good enough and the lack of netting round the playgrounds often makes even this game beyond the reach of many.

Dancing and Swimming

Very little progress can be made in either of these subjects owing to lack of facilities and suitably qualified staff. One adult and two junior Folk Dance Festivals were held in the summer.

Athletics

Greater interest in the county secondary schools resulted in a County Association being formed to cover all schools. Few women teachers in the County have had experience in coaching athletics and short courses were arranged to help interested teachers and to give coaching training to enable them to organise suitable events for girls.

Adult Activities

As a satisfactory scheme of physical education in the schools can only be achieved by the willing co-operation of the parents and teachers, the Organisers have taken every opportunity of meeting parents, talking to Parent Teacher Associations and initiating classes for adults. Some work has also been done with the school nurses, midwives and health visitors, Women's Institutes and other organisations. In this way, interest in the subject is broadened to include all those who come into contact with children and who are learning to realise the value, at all stages, of positive health.

Courses and Demonstrations for Teachers held during 1953.

P.T. & Remedials	Inf. & Jnrs.	Liskeard area Callington area Truro area	Mixed ,, ,,
Athletics	Jnrs. & Snrs.	Newquay area St. Austell area Bodmin area Wadebridge area Penzance area	Women ,, ,, ,, ,,
Day Training Course	County Secondary & Grammar	Whole County	Women
National Dancing	All ages	Whole County	Women
Demonstrations (climbing apparatus)	Inf. & Jnrs.	Saltash area	Mixed
Keep Fit	Adults	Perranporth area Roche area	Women ,,
Talks and Demonstrations			
Parent Teacher Associations		Camelford Grammar School Liskeard V.P. Infants' School Callington C.P. School Trenance C.P. School Perranporth C.P. School Mount Charles C.P. Girls' School.	
Women's Institute		Newquay area	
Maternity & Child Welfare (Nurses)		St. Austell Clinic	
School Medical Officers		County	
Orthopaedic Clinic		Launceston area	
Films			
Ministry film on new Publications		St. Austell area Bodmin area Liskeard area	

Courses and Demonstrations for Men Teachers held during 1953.

Films

Rugby	Senior Boys	Penryn C.P. School
Football		St. Ives S/Modern School
		Newquay Grammar School
		Redruth Grammar School
		Bodriggy S/Modern School
		Basset Road S/Modern School
		Trewirgie S/Modern School
		Cornwall Technical College
		Lescudjack S/Modern School
		Penzance Grammar School
		Falmouth Grammar School
Boxing	Senior Boys	Penzance area
Day Training	County	Whole County
Course	Secondary & Grammar	

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

A Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee has been carrying out an investigation on the health and development of children in all parts of the country born during the week March 3rd to 9th, 1946. The Main aims of the inquiry are:—

- (a) to collect information on a national scale of accidents, illnesses, growth and development,
- (b) to show in what ways the health and growth of young children are effected by the environment in which they live.
- (c) to trace the history of a large group of prematurely born children who have been individually matched with children born at term.
- (d) to observe the achievement of children against the background of their ability, health and opportunities.

There are at present 37 of these children living in Cornwall and in March 1953 (when the children were 7 years old), they were examined

by the School Doctors who completed specially designed schedules for each child: there are to be further medical examinations when the children are 9 and 11 years of age. A continuous absence record is kept for each child at school and the school nurses visit the children's homes at the beginning of each term to check the causes of school absence and to obtain details of sickness during the holidays.

The number of survey children is small and the work has not interfered with the normal work of the service. A pamphlet on the progress of the inquiry is to be published early in 1954 but the results of the survey will not be known for some time. It is however a pleasure to co-operate in an investigation which is likely to obtain unique information of great value to children everywhere.

INTEGRATION OF THE SCHOOL HEALTH SERVICE WITH THE PAEDIATRIC SERVICE

The arrangement with the Consulting Paediatrician in Plymouth (mentioned in last year's report), has proved of inestimable value to the School Doctors who are thus able to have practical demonstrations of the great benefits provided for sick children by the constant improvements in the art and science of paediatrics.

A further development is about to take place in the near future in that it appears likely that the School Doctors will be appointed as Honorary Clinical Assistants to the Medical Consultants carrying out paediatric work in Cornish Hospitals.

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS)

A—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants	...	...	...	...	5,650
Second Age Group	...	...	...	...	3,999
Third Age Group	...	...	...	...	3,530

Total	13,179
-------	-----	-----	-----	--------

Number of other periodic Inspections

Vision at 8	...	...	...	3,679
Entrants to Secondary Schools	...	...	...	2,933

Grand Total	19,791
-------------	-----	-----	-----	--------

B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	2,860
Number of Re-Inspections	...	...	...	5,462

Total	8,322
-------	-----	-----	-----	-------

C—PUPILS FOUND TO REQUIRE TREATMENT

Group		For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)		(2)	(3)	(4)
Entrants	...	212	1,206	1,324
Second Age Group	...	331	770	1,036
Third Age Group	...	324	523	790
Total (prescribed groups)		867	2,499	3,150
Entrants to Sec. Schools		275	448	675
Other Periodic Inspections		271	90	337
Grand Total	...	1,413	3,037	4,162

TABLE II

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1953

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS No. of defects		SPECIAL INSPECTIONS No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4. Skin	...	157	110	34	31
5. Eyes—a. Vision	...	1,413	513	161	173
b. Squint	...	326	56	10	18
c. Other	...	101	49	20	13
6. Ears—a. Hearing	...	70	89	23	35
b. Otitis Media	...	51	46	10	24
c. Other	...	18	32	8	9
7. Nose or Throat	...	358	579	62	106
8. Speech	...	60	62	11	20
9. Cervical Glands	...	89	192	16	32
10. Heart and Circulation	...	52	155	12	42
11. Lungs	...	92	335	9	57
12. Developmental—					
a. Hernia	...	12	14	3	4
b. Other	...	26	33	3	6
13. Orthopaedic—					
a. Posture	...	250	193	16	5
b. Flatfoot	...	661	313	26	25
c. Other	...	252	109	37	48
14. Nervous system—					
a. Epilepsy	...	24	17	6	5
b. Other	...	18	18	4	16
15. Psychological—					
a. Development	...	136	95	25	28
b. Stability	...	75	72	17	26
16. Other	...	209	136	80	81

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Group	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	5,650	2,081	36.84	3,363	59.51	206	3.65
Second Age Group	3,999	1,484	37.11	2,358	58.96	157	3.93
Third Age Group	3,530	1,448	41.02	1,964	55.64	118	3.34
Other Periodic Inspections ...	2,933	1,153	39.31	1,684	57.42	96	3.27
Total	16,112	6,166	38.27	9,369	58.14	577	3.59

TABLE III—INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons ...	297,547
(ii) Total number of individual pupils found to be infested	1,148
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	1,148
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (3) Education Act, 1944) ...	5
The number of complete routine cleanliness inspections in schools was ...	2,999

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Notes:—

- (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice — i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

(N.B.—The information in this table falls into these two Divisions (a) and (b), except in Group 5 (Child Guidance Treatment)).

GROUP 1—DISEASES OF THE SKIN

(excluding uncleanness, for which see Table III)

				Number of cases treated or under treatment during the year	
				By the Authority	Otherwise
Ringworm— (i) Scalp	...	...		0	10
(ii) Body	...	...		3	26
Scabies	...	...		2	10
Impetigo	...	...		24	51
Other skin diseases	...	...		2	21
Total	...			31	118

GROUP 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT

				Number of cases dealt with	
				By the Authority	Otherwise
External and other, excluding errors of refraction and squint	...			28	16
Errors of Refraction (including squint)				*78	2,265
Total	...			106	2,281
Number of pupils for whom spectacles were					
(a) Prescribed	...	...		Not known	1,480
(b) Obtained	...	...		Not known	†1,181

*These cases obtained treatment privately.

†60 cases obtained spectacles in 1954 which were prescribed in 1953.

GROUP 3—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear ...	0	47
(b) for adenoids and chronic tonsil- itis	0	432
(c) for other nose and throat con- ditions	0	22
Received other forms of treatment ...	16	14
Total ...	16	515

GROUP 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals 118

	By the Authority	Otherwise
(b) Number treated otherwise—e.g., in clinics or out-patient depart- ments	0	Incomplete Informa- tion

GROUP 5—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Author- ity's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	346	*9

*These cases are from South East Cornwall and were referred to Plymouth City Child Guidance Centres under arrangements made with them.

GROUP 6—SPEECH THERAPY.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	133	0

GROUP 7—OTHER TREATMENT GIVEN

					Number of cases treated	
					By the Authority	Otherwise
(a)	Miscellaneous minor ailments	...			563	28
(b)	Other (specify)—					
1.	Abdomen	...	...		0	185
2.	Genito-Urinary	...	...		0	30
3.	Glands	...	...		0	19
4.	Chest	...	...		0	33
5.	Others	...	...		0	85
	Total	...			563	380

The figures of cases treated " Otherwise than by the Authority " are incomplete owing to lack of full information from Hospital Out-Patient Departments.

TABLE V

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers:—					
(a) Periodic age groups	...	...	...		20,854
(b) Specials	...	...	...	...	2,095
			Total (1)	...	22,949
					<hr/>
(2) Number found to require treatment	...	...			17,029
(3) Number referred for treatment	...	...			16,011
(4) Number actually treated	...	...			11,113
(5) Attendances made by pupils for treatment				...	19,410
					<hr/>
(6) Half-days devoted to: Inspection	...	...			288
Treatment	...	...			3,495
			Total (6)	...	3,783
					<hr/>
(7) Fillings: Permanent Teeth	...	...	...		13,728
Temporary Teeth	...	...	...		2,563
			Total (7)	...	16,291
					<hr/>
(8) Number of teeth filled: Permanent Teeth	...	...			10,618
Temporary Teeth				...	2,212
			Total (8)	...	12,830
					<hr/>
(9) Extractions: Permanent Teeth	...	...	...		1,676
Temporary Teeth	...	...	...		6,997
			Total (9)	...	8,673
					<hr/>
(10) Administration of general anaesthetics for extraction					323
					<hr/>
(11) Other Operations: Permanent Teeth	...	...			7,874
Temporary Teeth	...	...			4,426
			Total (11)	...	12,300
					<hr/>

TABLE VI

HANDICAPPED PUPILS

Children in Hospital Special Schools are not included in this Table.

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epileptic	Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
In the calendar year ending 31st Dec. 1953										
A. Handicapped Pupils newly placed in Special Schools or Homes ..	3	0	2	1	3	2	16	9	0	36
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	2	0	3	0	3	4	22	10	0	44
On or about December 1st:										
C. Number of Handicapped pupils from the area:										
(i) Attending Special Schools as:										
(a) Day Pupils ..	0	0	1	0	0	0	15	0	0	16
(b) Boarding Pupils	13	7	24	4	4	7	73	3	1	136
(ii) Attending independent Schools under arrangements made by the authority ..	0	0	0	0	0	1	1	1	1	4
(iii) Boarded in Homes and not already included under (i) or (ii) ..	0	0	0	0	0	0	0	15	0	15
Total (C) ..	13	7	25	4	4	8	89	19	2	171
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(a) in hospitals ..	0	0	0	0	0	2	0	0	0	2
(b) elsewhere ..	0	1	0	1	6	11	3	1	0	23
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	1	0	8	1	5	11	91	2	2	121